

MIDWIVES TOP DEMANDS

In our demand analysis, a handful of themes rose to the top. However, two of them — “more and better supported personnel” and “supplies and functional facilities” — far outweighed any of the other categories. If policymakers want to move the needle on midwifery, they must prioritize investments in midwife staffing and pay, as well as increase and improve midwives' supplies.

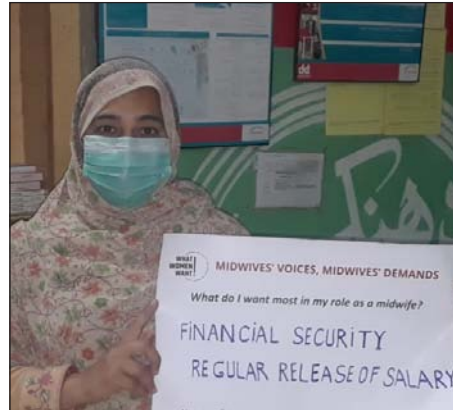


More & Better Supported Personnel: The most-often-cited sub-demand in this category was for a “government job,” representing the desire to be part of a formal and established system with proscribed career pathways and opportunities of professional growth and development. This was followed by the demand for proper remuneration, including increased salaries with strong benefits.



Supplies & Functional Facilities: Midwives desire to work in an environment where they have access to basic needs that should be afforded any health provider: space, equipment and medicines to treat the women in their care. Specific supplies often requested include ultrasound machines and delivery beds.

Professional Development: This request included related requests for general training, with midwives primarily expressing hope to improve their positions in life through ongoing education.



Respect, Dignity & Non-Discrimination: This demand reflects midwives' desire to be valued and included as qualified, competent and critical health workers, by patients and colleagues.

Power, Autonomy, Improved Gender Norms and Policies: This category reflects that midwives want to do their jobs, and they want to do them well, but they must be enabled in order to succeed.



General Health & Health Services: This demand includes requests related to the health of midwives' clients, and more generally women and children. This category demonstrates the commitment of midwives to providing professional and lifesaving care.

When healthcare is informed by the midwives who provide it, it's better healthcare.

LISTENACT

Listening to midwives is a radical act.

But acting on what we hear is revolutionary.



WHAT
MIDWIVES
WANT!

*Midwives Voices,
Midwives Demands*



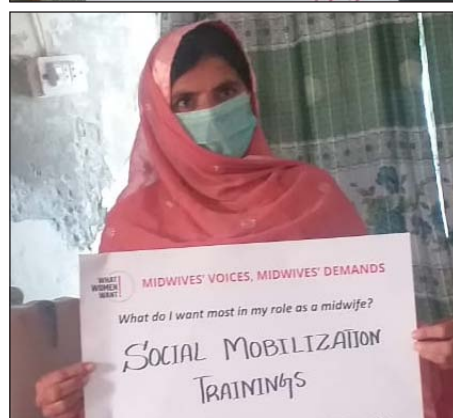
**LISTEN AND ACT ON THE DEMANDS OF
PAKISTAN'S MIDWIVES!**

Research & Development
FORUM for
Safe Motherhood Private Limited

THE WHITE
RIBBON
ALLIANCE
Pakistan
HEALTHY WOMEN HEALTHY WORLD

RSPN

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What Midwives Want

Approximately 300,000 women and girls die during pregnancy and childbirth every year. According to United Nations Population Fund (UNFPA), 82 percent of these deaths can be prevented if midwives are made available to everyone.

Despite their importance, midwives still make up less than 10% of the global sexual, reproductive, maternal, newborn, and adolescent health (SRMNAH) workforce. Healthcare systems around the globe fail to invest in hiring, educating, training, paying, and supporting midwives.

In recent years, the global community has taken steps to quantify the scope of the midwifery crisis. The World Health Organization (WHO) declared 2020 the “Year of the Midwife” to highlight their critical role in meeting the needs of women, newborns, and adolescents everywhere. However, it is a fact that despite such global recognition days and countless reports, speeches, and conferences, very little has meaningfully changed in the conditions of midwives.

It's evident that it is time to bring down a broken system, one that has long taken advantage of midwives, and build a new and better system – and to build this system we need to hear directly from midwives themselves. The heart of the What Midwives Want (WMW) Campaign is about understanding the systemic changes required from Midwives' perspectives.

Throughout 2021 around 56,000 Midwives in 101 countries were asked: What Do You Want Most in Your Role as a Midwife? In Pakistan, a team of community workers, led by Forum for Safe Motherhood (White Ribbon Alliance Pakistan Chapter) and Rural Support Programmes Network (RSPN), mobilized demands from 6145 midwives across the country, with majority of demands coming from the provinces of Punjab, Sindh and Khyber Pakhtunkhwa.

The What Midwives Want Campaign is unique in that it has asked midwives in Pakistan to set the agenda, as opposed to beginning with a premise of what is important or asking them to decide among a set of options. The campaign has also provided an opportunity for midwives to shine new light on the realities of their daily lives, and to speak out about experiences which have often remained hidden. Most importantly, the campaign has brought into stark relief all of the ways that our longstanding policies & systems are failing them.

Midwives have raised their voices, some even chancing reprisal for speaking out. We all owe it to them to raise our voices in solidarity, to face our past failures, to bravely risk our revenues, by unrelentingly challenging the status quo and putting our collective minds to finding a way to address the identified gaps. We owe it to them because we owe them so much more.

Midwives have spoken,
now it's time to listen.

Pakistan Demographics



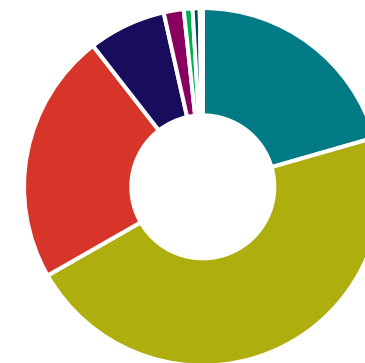
- Community Midwife 35%
- Lady Health Visitor 24%
- Nurse 12%
- Student Community Midwife 6%
- Student Lady Health Visitor 12%
- Student Nurse 11%



- Government facility 31%
- Homebased facility 9%
- NGO/CSO facility 8%
- Not Working 23%
- Private facility 29%



- (15-19) 7%
- (20-24) 30%
- (25-34) 43%
- (35-44) 17%
- (45-54) 3%
- (55+) 0%



- (0) 21%
- (01-05) 46%
- (06-10) 23%
- (11-15) 7%
- (16-20) 2%
- (21-25) 1%
- (26-30) 1%
- (31+) 0%

6,145 TOTAL RESPONSES

TOP DEMANDS



More and better supported personnel 55%



Supplies and functional facilities 25%



Professional development 13%



Power, autonomy and improved gender norms and policies 3%



General Health and health services 2%



Respect, dignity, and non-discrimination 2%



All other requests <1%

Note: out of 6,145 total survey responses, there were 6,709 unique, codable demands.

HEALTH CARE PROVIDERS

Who is considered a “midwife” varies by country. In Pakistan, we primarily focused on two types of health care providers:

- those who had the requisite qualification and were legally licensed to practice midwifery, use the title “midwife”, and demonstrated competency in the practice of midwifery; and
- those who had undertaken one-year training in midwifery like Lady Health Visitors and Nurses.

To learn more about the methodology and analysis of these results, visit: https://www.whiteribbonalliance.org/wp-content/uploads/2022/05/MidwivesVoicesMidwivesDemands_GlobalReport.pdf to download the complete global report.



I can't begin to describe the satisfaction I get from treating people and taking care of my community. But despite how much I love my profession, there are many challenges that midwives face on a daily basis. We receive little support from government doctors, who blame midwives for their patients' problems. Additionally, I haven't received a salary in over a year, which makes it difficult to continue providing care for women. I think the best solution is for the government to provide employment. This would secure our positions and provide stability. I love that this campaign is recognizing the problems midwives face on a global scale. It makes me feel that we are part of a community and for the first time in my career, I feel like midwives are being heard.”

SHAHEEN TABBASUM
Midwife, Khyber Pakhtunkhwa



MUSART BIBI
Midwife, Sindh



I love being a midwife and taking care of my community, but we face many challenges. When I arrange family planning workshops in my community, women are afraid to attend because their husbands and brothers will come and start arguing with us. These men ask us, “why are you advocating for family planning with our women? God is giving them children and we are providing for them; you are neither giving children nor providing for them so why are you interfering?” Other times we must travel to far-off villages to handle deliveries. I especially have to be careful since I am not married, and these areas are not safe for women. The travel and the men yelling sometimes makes me nervous, but I must help our community and I am doing this despite the challenges.

If I had an opportunity to talk to a health minister, I would say that community midwives need supplies — especially ultrasound machines, oxygen cylinders and medicines. People in our communities are extremely poor and cannot afford these services at cost. By providing these services for free we will not only be helping them but moreover this will also help in improving the patient inflow in our setups.

I feel confident that the Midwives' Voices, Midwives' Demands campaign will help us succeed in fulfilling the demands put forward by midwives.